

Request for Duplicate/Additional MBI Card

Employer's Name _____

Employee Name _____

Employee Address _____

Employee Social Security Number _____

Employee Fax Number _____

Employee E-Mail Address _____

Name of Dependent/Spouse/Self/ _____
(For whom you are requesting a card)

Social Security Number of Name of
Dependent/Spouse/Self/ _____
(For whom you are requesting a card)

Date of Birth of
Dependent/Spouse/Self/ _____
(For whom you are requesting a card)

NOTE: THERE IS A \$5.00 MBI FEE FOR EACH ADDITIONAL CARD.

PLEASE MAIL THIS FORM ALONG WITH PAYMENT TO:

**HFS
164 LAKEFRONT DRIVE
HUNT VALLEY, MD 21030**